

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

Indivior, Inc., Indivior UK Limited, Acquestive Therapeutics, Inc. V. Dr. Reddy's Laboratories, S.A., Dr. Reddy's Laboratories, Inc.

No. 18-2167, 18-2169

ENTRY OF APPEARANCE

(INSTRUCTIONS: Counsel should refer to Federal Circuit Rule 47.3. Counsel must immediately file an updated Entry of Appearance if representation changes, including a change in contact information. Electronic filers must also report a change in contact information to the PACER Service Center. Pro se petitioners and appellants should read paragraphs 1 and 18 of the Guide for Pro Se Petitioners and Appellants. File this form with the clerk within 14 days of the date of docketing and serve a copy of it on the principal attorney for each party.)

Please enter my appearance (select one):

☐ Pro Se ☒ As counsel for: Indivior, Inc., Indivior UK Limited, Acquestive Therapeutics, Inc.

Name of party

I am, or the party I represent is (select one):

☐ Petitioner ☐ Respondent ☐ Amicus curiae ☐ Cross Appellant
☐ Appellant ☒ Appellee ☐ Intervenor

As amicus curiae or intervenor, this party supports (select one):

☐ Petitioner or appellant ☐ Respondent or appellee

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Statement to be completed by counsel only (select one):

- ☐ I am the principal attorney for this party in this case and will accept all service for the party. I agree to inform all other counsel in this case of the matters served upon me.
- ☐ I am replacing _____ as the principal attorney who will/will not remain on the case. [Government attorneys only.]
- ☒ I am not the principal attorney for this party in this case.

Date admitted to Federal Circuit bar (counsel only): 07/24/2003

This is my first appearance before the United States Court of Appeals for the Federal Circuit (counsel only): ☐ Yes ☒ No

☐ A courtroom accessible to the handicapped is required if oral argument is scheduled.

Date July 20, 2018 Signature of pro se or counsel /s/ Charles M. Lizza

cc: Counsel of Record

UNITED STATES COURT OF APPEALS FOR THE FEDERAL CIRCUIT

CERTIFICATE OF SERVICE

I certify that I served a copy on counsel of record on July 20, 2018

by:

- ☐ U.S. Mail
- ☐ Fax
- ☐ Hand
- ☒ Electronic Means (by E-mail or CM/ECF)

Charles M. Lizza

Name of Counsel

/s/ Charles M. Lizza

Signature of Counsel

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NOTE: For attorneys filing documents electronically, the name of the filer under whose log-in and password a document is submitted must be preceded by an "/s/" and typed in the space where the signature would otherwise appear. Graphic and other electronic signatures are discouraged.

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